Treatment of chronic spontaneous urticaria (CSU)

Adolescents over 12 years or adult with chronic spontaneous urticaria (superficial or deep urticaria, for at least 6 weeks)

STAGE 1 – FIRST-LINE TREATMENT

Single daily dose of second-generation anti-H1 antihistamines*
**** nothing in the literature supports the relative superiority of any given anti-H1 over any others***
**** anti-H1 antihistamines that may lengthen the QT interval should be avoided in cases of congenital long QT or co-factors that may lengthen the QT interval***
**** only the conventional dose has an MA in France***

STAGE 2 – IN CASE OF FAILURE WITH SINGLE-DOSE ANTI-H1 ANTIHISTAMINES

Increase the dose of anti-H1 antihistamines to up to 4 doses per day**
***** cetirizine and levocetirizine are the treatments for which the most data are available***
***** in studies, dose increases were gradual, from 1 dose to 2, then 3, then 4, with delays ranging from 1 week to 1 month between each step***
***** most experts, however, proceed directly from 1 dose to 4 doses, then gradually decrease dose-by-dose once clinical remission is achieved, to find the minimum effective dose***
***** there are no data on the distribution of a quadruple dose during the day; most experts suggest 2 doses in the morning and 2 in the evening***

STAGE 3 – IN CASE OF FAILURE WITH QUADRUPLE-DOSE ANTI-H1 ANTIHISTAMINES

Addition to the quadruple dose of anti-H1 of: omalizumab 300 mg/4 weeks long term, or cyclosporine 3-5 mg/kg/day for 6 months, if no contraindication***
****** there are no studies comparing omalizumab to cyclosporine in CSU, but the data on omalizumab are more abundant and have a higher level of evidence***
****** expert opinion is to prefer omalizumab over cyclosporine***
****** there is no data or consensus on the delay between the failure of quadruple-dose anti-H1 antihistamines and the introduction of stage-3 treatments – experts initiate these treatments within 1 to 6 months, depending on the severity of CSU and its impact on patients' quality of life***

Particular circumstances

STAGE 1 – FIRST-LINE TREATMENT IN CHILDREN UNDER 12 YEARS OF AGE

Single daily dose of second-generation anti-H1 antihistamines*
** rupatadine and desloratadine have been the most widely studied*

STAGE 1 – FIRST-LINE TREATMENT IN PREGNANT WOMEN

Single daily dose of second-generation anti-H1 antihistamines*
** prefer cetirizine, levocetirizine and desloratadine because there is more data on pharmacovigilance*

STAGE 2 – IN CASE OF FAILURE WITH SINGLE-DOSE ANTI-H1 ANTIHISTAMINES

Gradually increase the dose of anti-H1 antihistamines up to 4 doses per day**
***** rupatadine and desloratadine have been the most widely studied***
***** delays vary from 1 week to 1 month between each dose increase in the literature***

Specialist opinion**
***** Refer to the Centre de Référence sur les Agents Tératogènes (CRAT) – www.crat.fr – or to a regional pharmacovigilance centre***

STAGE 3 – IN CASE OF FAILURE WITH QUADRUPLE-DOSE ANTI-H1 ANTIHISTAMINES

Specialist opinion***
****** the data in the literature do not allow recommendations to be made and no consensus was found among the experts interviewed***

THE FOLLOWING ARE NOT RECOMMENDED DUE TO LACK OF SUFFICIENT EVIDENCE:
- anti-H2 antihistamines
- montelukast
- corticosteroids administered systemically
- immunosuppressants*** other than cyclosporine, and other anti-inflammatory or immunomodulating drugs
- systematic psychotherapeutic approaches
- systematic food avoidance diets

*** methotrexate has a sufficient level of evidence not to recommend it (2 trials)